The CPR Board Initial Review Recommendation to the Judge form (CN 11355) must be used for all initial reviews, for voluntary placements and litigated cases. The Division of Child Protection and Permanency (the Division) will be required to provide the court with the Department of Children and Families (DCF) court report at least 10 days before the initial review.

**Information to be provided to all participants**

**Guides and Brochures**

The Child Placement Review (CPR) board must provide the following guides, brochures and informational materials to parents and resource families who appear at the Initial Review:

* What You Need to Know about the Division Court Process: A Guide for Resource Parents
* Parent Calendar (if available and the court has not provided it) - Judiciary Produced
* Parents’ Handbook
* A Guide for Parents: When Your Child is in Foster Care – Division Produced
* Child Abuse and Neglect Handbook: A Guide for Parents Involved in Child Abuse or Neglect Cases in NJ – Written & Published by Legal Services of NJ

**Adoption and Safe Families Act**

The CPR board must explain the key points of the Adoption and Safe Families Act of 1997 (ASFA) to parents and resource families who appear at the Initial Review. These points include the child’s safety, the child’s need for permanency, and strict timeframes to achieve permanency.

ASFA is a federal law that is intended to assist child welfare agencies to balance family preservation and reunification with the child's health, safety and need for permanency.

**Safety** -- ASFA requires that a child's safety be the paramount concern when a child is placed outside of his or her home. The Division will develop a permanent plan for a child that could be family reunification, adoption or some other permanent alternative placement.

**Permanency** -- ASFA requires the court to conduct a permanency hearing to consider whether the division’s permanency plan is appropriate. The permanency plan addresses the child's need for permanency through:

* return to the home, if the child can be returned home without endangering the child's health or safety;
* adoption, if family reunification is not possible; or
* an alternative placement plan, if termination of parental rights is not appropriate.

Any court hearing may serve as a permanency hearing to provide judicial review and approval of a permanency plan for a child if the requirements for a permanency hearing are met.

**Timeframes** -- The permanency hearing must be held when the division is not required to make reasonable efforts to reunify a child with his or her parents or no later than when a child has been in out-of-home placement for 365 days.

ASFA requires the division to seek termination of parental rights when grounds are established, but no later than when a child has been in placement for 15 out of the most recent 22 months, unless one of the following exceptions is met: (1) the child is being cared for by a relative; (2) the division has documented a compelling reason why termination of parental rights would not be in the child's best interests; or (3) the division has not provided to the child's family the services necessary for the child's safe return home.

These timeframes give parents a limited amount of time to get their children back. It is important for parents to cooperate with court orders so that their children can be returned as quickly as possible. It is also important for the division to act quickly to provide families with the services they need after a child goes into foster care.

**General Instructions regarding this checklist**

The following must be documented in the Board Recommendation section of the Board Recommendation to the Judge form:

* Any missing information
* The division’s comments regarding missing information
* Generally, unless otherwise indicated in the checklist, if "No" is checked, the CPR board must advise the court that further action may be necessary.

Informational materials provided to participants

Adoption and Safe Families Act explained to participants

**I. Parent/Caregiver information**

|  | Parent / Caregiver 1 | Parent / Caregiver 2 | Check box  if missing |
| --- | --- | --- | --- |
| 1. Name |  |  |  |
| Aliases |  |  |  |
| 1. Relationship to Child |  |  |  |
| 1. Address / Contact Phone |  |  |  |
| 1. Employment address/phone |  |  |  |
| 1. The Division’s efforts on search for parent / caregiver |  |  |  |

**II. Visitation with parents/caregiver**

|  |  |  |
| --- | --- | --- |
| A. Visitation is occurring between the child and parents/caregivers | Yes | No |
| B. Did the Division provide transportation? | Yes | No |
| C. Is there a current visitation schedule? | Yes | No |
|  |  |  |
| D. Last contact with caregiver: |  |  |
| **Siblings** |  |  |
| 1. The child has siblings  1  2  3  4  more than 4 sibling(s) | Yes | No |
| If No, skip to [Child’s Information Section](#child_info) |  |  |
| 1. The siblings are in placement | Yes | No |
| 1. The siblings have been placed together | Yes | No |
| 1. Last contact with Siblings: |  |  |

**III. Relatives and friends information**

No Relatives or Friends Have Been Identified

| Name | | Address | Phone | Relationship to child | The Division has assessed this person as possible permanent placement | |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  | Yes | No |
| 2. |  |  |  |  | Yes | No |
| 3. |  |  |  |  | Yes | No |
| Reason For Placement: | | | | | | |
|  | | | | | | |

**IV. Paternity**

|  |  |  |
| --- | --- | --- |
| 1. Paternity has been established | Yes | No |
| 1. A paternity test is necessary | Yes | No |

**V.** **Child information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Child’s date of birth: | | |  |  |
| 1. The Division has the child’s birth certificate | | | Yes | No |
| 1. The Division has the child’s social security card | | | Yes | No |
| 1. The Division has the child’s Medicaid card | | | Yes | No |
| 1. Was the child scheduled for a Comprehensive Health Evaluation for Children (CHEC) or a comprehensive medical exam? | | | Yes | No |
| Date: |  | |  |  |
| 1. Is the *Child’s Health and Medical Evaluation Record Form* attached? | | | Yes | No |
| Date: |  | |  |  |
| 1. The Division scheduled an Early Intervention Program (EIP) assessment (for children ages zero to three) | | | Yes | No |
| Date: |  | |  |  |
| 1. *Medical Release* forms have been signed by parents or guardians | | | Yes | No |
| 1. The Division has provided a copy of the child’s immunization record | | | Yes | No |
| 1. The Division has scheduled a dental exam. Date: | | | Yes | No |
| 1. The Division scheduled a mental health assessment | | | Yes | No |
| Date: | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. The Division has provided a completed *Child's Education Record Form* | | | Yes | No |
| Date: |  | |  |  |
| 13.Child enrolled in school | | | Yes | No |
| If yes, where | |  |  |  |
| Any additional information (e.g., name of school, grades, behavior assessments, attendance) | | |  |  |

**VI. Services Needed to achieve permanency** (check all that apply)

Substance abuse evaluation/treatment

Mental health evaluation/treatment

Housing

Income assistance

Employment/vocational services

Homemaker services

Daycare

Parent education

Low cost medical services

Bilingual services

Educational services

**VII. Independent Living information**

|  |  |  |
| --- | --- | --- |
| For children 14 years of age or older, Independent Living may be the child’s permanency plan. Complete this section if the child is 14 years of age or older. | | |
| What is the plan for independent living that is being explored? Explain | | |
| **VIII. Repeated placement -** *N.J.S.A.* 30:4C-53.3 | | |
| If this is a repeated placement, did the Division submit a repeat placement plan within 30 days after the child's repeated placement? | Yes | No |